FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

				[]	lease read in	istructions bet	ore completing	ng and for Not	ice regarding	public burder	1.]						
SECTION 1 - General Informa	tion																
1. Name and Mailing Address	of Res	spondent															
Limitless Mobile, LLC												Check here if this					
2574 Interstate Driv														is a change of address.			
Harrisburg, PA 171	10													add	ress.		
2. Year Report Filed	Period (Endi	ng Date of Pa	у		4. Number of	of Full-Time En											
2016			3/31/2		Joily			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Emplo	vees		3/31/1					b. 🗸 16	or more (com	plete all secti	ons)						
	1	Number of Employees															
	-	(Report employees in only one category) Race/Ethnicity															
Job																	
Categories		Hispa Lat		Not-Hispanic or Latino													
		Latino				Ma	ale						Columns A - N				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	ı	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			2												2	
First/Mid-Level Officials and Managers	1.2			2						2						4	
Professionals	2			6			1			2						9	
Technicians	3															0	
Sales Workers	4			7	1					2	2					12	
Administrative Support Workers	5									1						1	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	17	1	0	1	0	0	7	2	0	0	0	0	28	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part-Time Emple	oyees.											nunkannun (1900 (190) (1900)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (190) (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190) (1900)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190) (1900)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190)(190)(1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (190				
		Number of Employees (Report employees in only one category)														
Job	Г	Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
		La	uno	Male							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5									1						1
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discri	iminat	ion Comp	laints Pursua	ant to 47 CFF	R 22.321, 23.5	55, 90.168, 10°	1.4, and 101	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filled against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.																
This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																
SECTION V - Certification I certify that to the best of my kn	nowled	lae, informa	ation, and beli	ief. all statem	ents in this re	port are true a	nd correct.		(***************************************			
	/ that to the best of my knowledge, information, and belief, all statements in this report are true and correct. Typed or Printed Name of Person Signing Signature Telephone No.															
			Dirago	-	leanne M. Derago (561) 847-6791											
Title of Person Signing	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION												EVOCATION			
Manager of Human	n Re	esource	es		OF ANY ST	ATION LICEN	SE OR CON	STRUCTION	PERMIT (47 L	J.S.C. 312 (A	4)(1) AND/OR	FORFEITURE	E (47 U.S.C.	503).		